

## ABSENTEE BALLOT APPLICATION

NAME: \_\_\_\_\_  
MAILING \_\_\_\_\_  
\_\_\_\_\_  
PHYSICAL \_\_\_\_\_  
PHONE: (       ) \_\_\_\_\_

MONO COUNTY ELECTIONS DIVISION  
P.O. BOX 237  
BRIDGEPORT, CA 93517

**FAX:**  
**760-932-5531**

**ADDRESS TO SEND BALLOT TO (IF DIFFERENT THAN MAILING ABOVE)**

SIGNATURE

TYPE OR PRINT NAME

DATE

**Deadline: October 31, 2006**

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